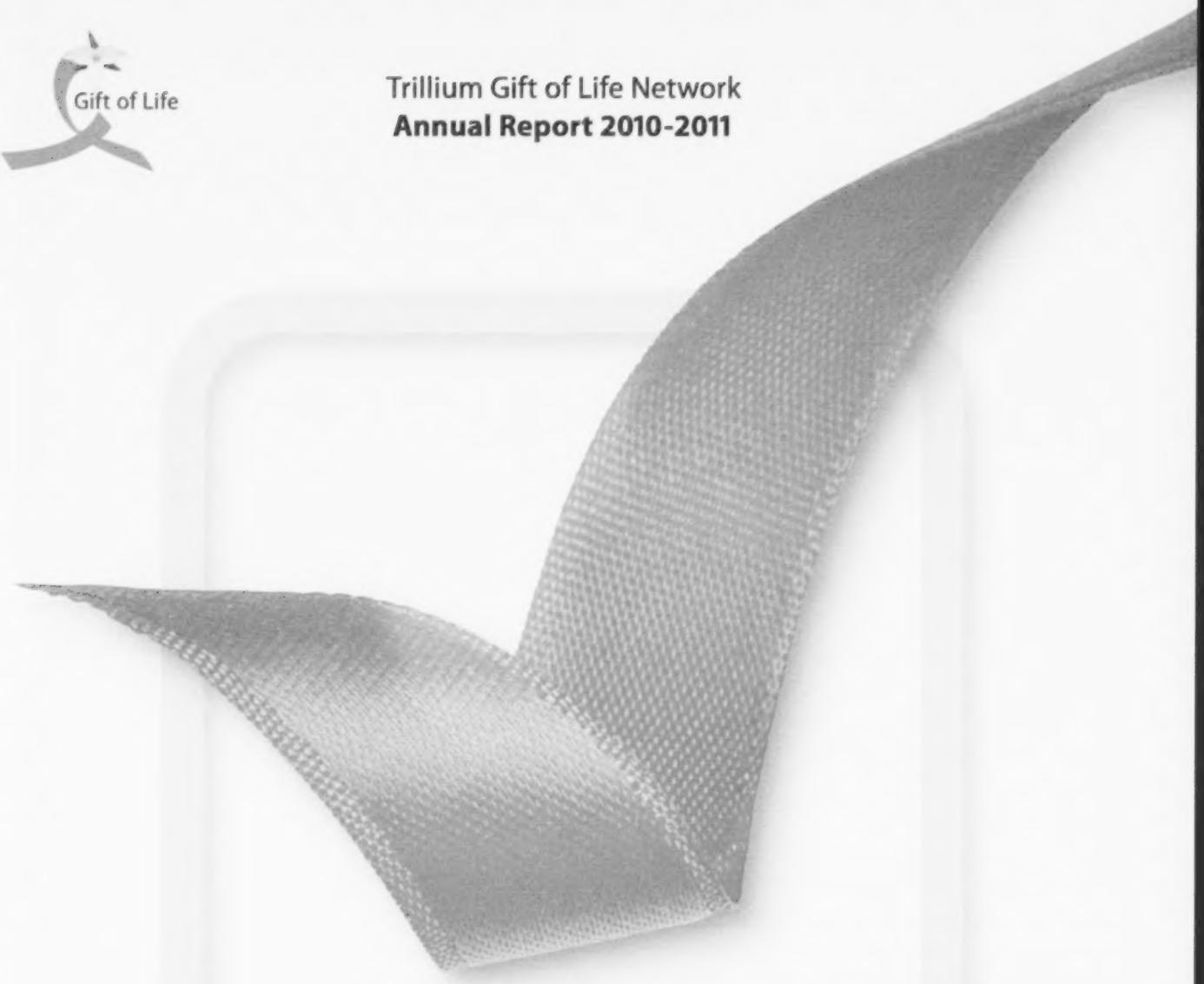
Gift of Life

Trillium Gift of Life Network
Annual Report 2010-2011



Achievement

Meeting goals and transforming lives in the process

Ontario
Trillium Gift of Life Network

Mission

Saving and enhancing more lives through the gift of organ and tissue donation in Ontario.

Vision

To be a world-class organization that enhances and saves lives through organ and tissue donation for transplantation.

Values

We are an effective, innovative leader in organ and tissue donation. We work in an environment of honesty, trust, respect, compassion and cooperation.

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Message from the Chair of the Board and the President and CEO

Trillium Gift of Life Network (TGLN) has a lot to celebrate. We reached many milestones during the 2010/11 fiscal year, meeting and exceeding the ambitious goals we set for ourselves and transforming lives in the process.

A total of 930 lives were saved and thousands more were enhanced by transplants that took place in Ontario. These procedures were made possible through the gifts of 213 deceased organ donors, 255 living kidney and liver donors and a record 1,619 tissue donors and their families. The generosity of these individuals and their families was marked by the distribution of commemorative medals at the Celebration of Life ceremonies held in Ottawa, Hamilton and Toronto.

We exceeded our tissue donation goals, thanks in part to base funding for tissue donation received from the provincial government. This vote of confidence in TGLN's Call-Screen-Connect telephone screening and consent plan and the support of tissue bank partners enabled us to hire new staff and implement new procedures. The result was an 18.5 per cent increase in the number of tissue donors over 2009/10, and a 47 per cent increase over 2008/09.

✓ **Deceased organ donation was up nearly 16 per cent over 2008/09.** We did not surpass the number recorded in 2009/10, however, which saw a record 221 deceased donors. Continued progress in the implementation of donation best practices in Ontario hospitals and an increased number of hospitals following routine notification helped nudge these numbers higher. The number of deceased donors in February 2011 – 26 – was the highest recorded in a single month.

✓ **TGLN crossed a major threshold in 2010/11 with the work completed on the new online donor registration channel.** A joint Ministry of Health and Long-Term Care (MOHLTC)/ServiceOntario/TGLN working group was struck to guide the development of an easy, quick and convenient way for Ontarians to record their donation decisions. The coordination and secure linkage of the three elements – TGLN's beadonor.ca portal, the ServiceOntario registration pages and MOHLTC's health card database – was a complex but crucial first step before TGLN could launch an awareness marketing campaign on the urgent need to register consent.

✓ **Three external organizations put TGLN under the microscope this year, and we were judged quite favourably.** Our commitment and professionalism were recognized in a number of ways:

- In its annual report, the Office of the Auditor General of Ontario noted TGLN's significant accomplishments since inception. While the value-for-money audit did find some shortcomings, the Auditor's recommendations supported programs such as expanding routine notification to a greater number of hospitals and the need for an easy, online organ and tissue donor registration mechanism, which TGLN has been working toward for some time. In January, TGLN took its first steps toward increasing the number of hospitals required to report potential organ and tissue donors to TGLN. We are working hard to implement the report's recommendations.

- Health Canada's inspection found TGLN in compliance with national regulations and that our quality of service meets or exceeds requirements.

- The Transplant Action Team, formed as a result of the *Report of the Organ and Tissue Transplantation Wait Times Expert Panel*, recommended expanding TGLN's responsibility from donation to transplantation, and developing a multi-year, multi-initiative plan to increase donation results. The team's suggestions are a powerful stimulus for the adoption of a single waiting list in Ontario for all organs, which we have long supported. The Transplant Action Team also initiated meetings of the Transplant Steering Committee and its subgroups. The Committee is making good progress. We are also working with the government to create the additional resources needed to implement these recommendations.

✓ **Public awareness of the need for organ and tissue donors grew.** We reached out to a broader segment of the public, especially faith communities and youth (through the *One Life...Many Gifts* secondary school program and seven more RecycleMe.org post-secondary campus tour stops). As well, our volunteer base grew by 59 per cent, community events increased by 267 per cent and the partnership with ServiceOntario continued to expand.

Continued on page 4

✓ **Phase 1 of TGLN's planned two-part public awareness campaign was launched in the fall of 2010.** We created new messaging, and included the Gift of Life consent forms and postage-paid reply envelopes for the Ministry of Transportation driver's licence carrier mailings. ServiceOntario received 48,612 replies in the first four months of the program. This number matched the 2009 average monthly donor registration activity through ServiceOntario centres. We also placed a motivational brochure and the Gift of Life consent form in health card renewal and re-registration mailings, beginning in January 2011.

✓ **Improved public awareness and a greater understanding of the importance of donor registration prompted action.** The donor registration health card share (of Ontarians aged 16 and over holding valid health cards) grew from 18 per cent to 19 per cent between April 1, 2010, and March 31, 2011.

Many people and organizations helped TGLN reach these milestones. The Government of Ontario, our Board of Directors, tissue banks, transplant programs and donor hospitals were all key partners in our success.

Clearly, TGLN has achieved most of the goals set out in the 2010/11 Business Plan, but there is always more that can – and must – be done. With nearly 1,500 people on wait lists for a life-saving organ transplant, we cannot simply rest on our laurels. The Board of Directors, management and staff of TGLN are committed to ensuring that more lives are saved and enhanced through the gift of life in Ontario.

Rabbi Dr. Reuven P. Bulka
Chair, Board of Directors

Frank Markel, Ph.D.
President & CEO

Dr. Frank Markel

President and CEO
Trillium Gift of Life Network

A Fond Farwell

Fiscal 2010/11 marks the end of a deeply satisfying career with Trillium Gift of Life Network. Although I have worked in many areas of health care, organ and tissue donation has been the most personally rewarding.

I would like to thank the board, my senior staff and Chief Medical Officers for their support and contributions to the progress made by TGLN this year. As I move on to the next phase of my life, I encourage all Ontarians to register their consent to organ and tissue donation. It is a small act with enormously positive repercussions.

Achievement – Meeting goals and transforming lives in the process

Mission

Saving and enhancing more lives through the gift of organ and tissue donation in Ontario.

Goals

Maximize organ and tissue donation for transplantation in partnerships with stakeholders	Deliver high-quality, efficient services and operations	Inspire and motivate Ontarians to register their consent to donate organs and tissues	Position TGLN as a workplace of choice

Objectives for 2010/11 fiscal year

Achieve 55 per cent TGLN conversion rate for organ donation at Tier 1 Hospitals, 233 donors and 3.67 organ yield per donor	Achieve a 38 per cent consent rate, 1,520 tissue donors and 1.16 tissue yield per donor	Implement a comprehensive corporate-wide quality management system, meet reporting requirements and achieve efficiencies in work processes	Engage stakeholders and build effective partnerships	Increase donor registrations in Ministry of Health and Long-Term Care (MOHLTC) database	Improve staff engagement

Objective 1: Achieve 55 per cent TGLN conversion rate for organ donation at Tier 1 Hospitals, 233 donors and 3.67 organ yield per donor

Trillium Gift of Life Network set ambitious targets based upon our most successful year to date, 2009/10. We hoped to build on the 21 donor hospitals' performance, to engage new hospitals in reporting to TGLN and to leverage the introduction of new accreditation standards for organ and tissue donation and transplantation. To support this work, we needed to:

- Understand the true workload for TGLN and donor hospitals in managing potential donors;
- Analyze donor management practices, implement order sets and develop educational strategies to better manage donors in intensive care units (ICUs); and
- Identify strategies to enhance timely access to organ-specific tests in hospitals, and share utilization rates with donor hospitals and transplant centres.

While many hospitals consistently met or exceeded the target conversion rate over the past three years (13/21), others (8/21) did not. These hospitals became an area of focus.

TGLN worked with members of these hospitals – from senior leadership to nurses and physicians in the ICUs and emergency departments – to identify barriers and opportunities. It became clear that many hospitals had new leadership in their critical care units and that these individuals were not always familiar with the complexities of organ and tissue donation. To help support them, TGLN hosted critical care directors/managers from five Greater Toronto Area (GTA) hospitals at the National Learning Congress in Dallas, Texas, in November 2010. The focus of this congress was on best practices and how top-performing hospitals integrate donation into end-of-life care. It also focused on the relationship that organ procurement organizations and hospitals must create in order to be successful in increasing donations.

TGLN developed its donor target for 2010/11 with the understanding that routine notification and request (RNR) would be implemented in additional hospitals. The clinical team made development and implementation of this expansion strategy a priority: a new service delivery model, standardized policies and procedures and many clinical tools for use by

In January 2007, I became ill with pneumonia while working in China. Accessing medical care was difficult because of the language barrier, so I returned home on March 19, 2007. The disease was so advanced that the next day I was put in a coma and intubated. I remained that way for almost three weeks, until I was gradually taken off support and could breathe on my own. By July, a more specific diagnosis finally came in: I had organizing pneumonia. After several serious infections and two relapses, Dr. Langridge, my respirologist, recommended a lung transplant. He contacted the Toronto General Lung Transplant Team and I was accepted in March 2008. Fourteen months later, I received a double lung transplant. In August 2010, I competed in the Canadian Transplant Games. I can never thank my donor and his or her family enough. I am now living on my own and enjoying my four young grandchildren.

new hospitals were developed. These tools will help streamline rollout and standardize processes.

Expansion of RNR to the new hospitals, however, was unavoidably delayed, the result of a number of external reviews that required the attention of the clinical leadership team in 2009/10 and 2010/11. The reviews/inspection in which TGLN participated included:

- The August 2010 Health Canada inspection, which required months of planning;
- Value for Money Audit of the Office of the Auditor General of Ontario; and
- Canadian Blood Services' development of a national strategy for organ and tissue donation.

Six hospitals were given notice of requirement to report to TGLN and a new delivery model to support these hospitals was implemented.

To better understand the barriers to and opportunities for increasing donation, the clinical team has been holding bullet rounds daily for several years. In 2010/11 we quantified some of the information we were hearing in order to better understand its impact on donation. The information services team and clinical team worked together to develop a database that captures the rich information being discussed. An early review of the information suggests that it will be very helpful in developing new processes and strategies for improving donation activities.

At the request of TGLN and Canadian Blood Services, Accreditation Canada began enhancing the national standards for organ and tissue donation for transplantation at hospitals. The new standards were introduced at hospitals undergoing accreditation in 2010. The education department worked with Accreditation Canada to ensure that surveyors understood how to assess these standards in the field. The organization also developed guidelines for hospitals to help them understand how to demonstrate compliance with the new standards. These standards will help hospitals understand and implement best practices in donation.

The strategies were effective in many ways. The results, while improved, were not as strong as we had hoped. There was a significant improvement in the hospitals' performance, although meeting the target conversion rate of 55 per cent did not translate into more donors, due to the increase in potential donors deemed to be medically unsuitable for donation. At fiscal year-end, referred donor cases had increased by 4.1 per cent to 1,217, from 1,169 cases in 2009/10. While the number of deceased donors – 213 – was close to the record set in 2009/10, of 221, it was still 20 fewer donors than the 233 TGLN had targeted for the year, and reflected the inability to engage more hospitals in routine notification.

By March 31, 13 hospitals had met the benchmark conversion rate of 55 per cent:

- The Children's Hospital of Eastern Ontario
- Grand River Hospital
- Hamilton Health Sciences
- The Hospital for Sick Children

Carol Dubeau
Waterloo
Double lung recipient, June 2009

- Hôtel-Dieu Grace Hospital
- London Health Sciences Centre
- The Niagara Health System
- The Ottawa Hospital
- Royal Victoria Hospital
- St. Mary's General Hospital
- St. Michael's Hospital
- Sudbury Regional Hospital
- Thunder Bay Regional Health Sciences Centre

Two other hospitals – Sunnybrook Health Sciences Centre and Lakeridge Health – reached a 50 per cent conversion rate. We are confident that the implementation of recommendations received from the Office of the Auditor General of Ontario and from the Transplant Action Team will result in significant improvements in many more hospitals this coming year.

Overall organ yield reached 3.49 organs per donor, compared to 3.62 in 2009/10. The percentage of standard criteria donors (SCDs), donation after cardiac death donors (DCD) and extended criteria donors (ECD) was unchanged. Organ yield from SCD and DCD decreased, while organ yield from ECD increased. TGLN continued its push to increase organ utilization within these different donor categories.

For example, TGLN worked with the Ontario heart transplant programs to review practices and data, and to identify opportunities to improve heart utilization through streamlining the organ assessment and offering process. TGLN also worked with hospital partners to improve access to heart-specific testing so that hearts can be assessed early in the process and are therefore more likely to be accepted with the required information readily available at time of offer to the transplant programs. The implementation of a heart angiography algorithm was implemented to ensure early assessment.

We also looked at cases in which hearts were declined because of insufficient information at the time of offer when this type of radiological imaging was not available. The heart transplant group discussed alternative radiological testing when a hospital does not have the equipment it needs to carry out these types of procedures. A standardized reporting process that will help radiologists perform these tests was also developed.

Anne: ***Dialysis is a life-sustaining alternative to kidney transplant. But the treatment was grueling. Finally, after three and a half years, the call came: on November 20, 1995, I received the gift of life. As I lay in the recovery room, my husband and I began to think about the bright future that lay ahead, for us and our sons Steven and Jessie. Never did we imagine that, 12 years later, we would be in that same room with Jessie...***

Jessie: ***I was just 18 years old when I was put on dialysis — a time-consuming, boring and exhausting process. Every day I struggled, never having enough energy. But that all changed on September 11, 2007, when the call came. I understood that something tragic had taken place, even as I knew how blessed I was to receive this gift. I take very good care of my "baby" now — it's the least I can do to honour the person and family who gave me so much.***

The combination of implementation of the heart angiography algorithm to ensure medical imaging is facilitated early in the process and working with the heart transplant program may be responsible for the slight increase in heart utilization from expanded criteria donors.

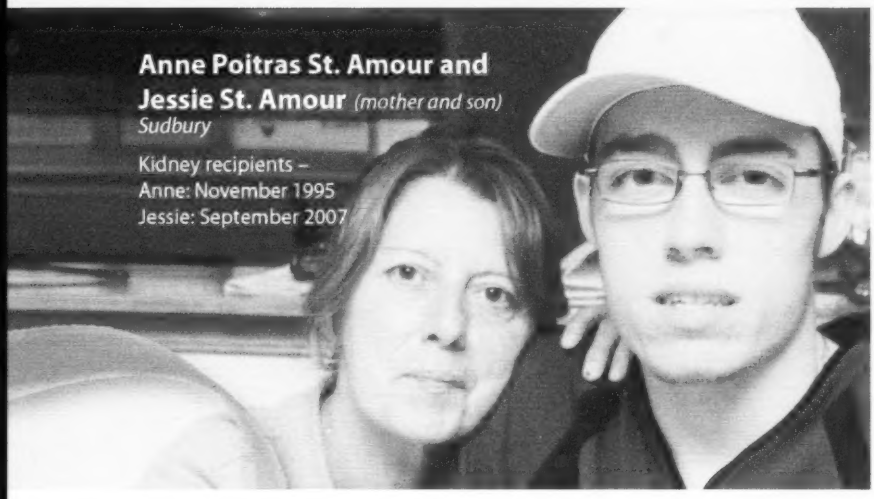
TGLN also streamlined the process of collecting HLA (human leukocyte antigen) tests, so that tissue typing results are available earlier. This means that hearts can be offered to all programs with sensitized patients without the time restrictions previously encountered.

We also worked on strategies and activities to increase lung utilization. The organ utilization report showed that lung utilization is the main reason why overall organ yield has decreased. In the SCD category, lung utilization decreased to 27 per cent, compared with 42 per cent the previous year. Overall lung utilization in donor types decreased to 25 per cent from 33 per cent. We analyzed donor management data to assess whether care of the donor in ICUs correlates to the reduction in the number of lungs suitable for transplant.

TGLN also provided data on organ yield and utilization to each donor hospital so that ICU medical management of the donor could be assessed.

TGLN conducted a trial to evaluate the impact of donor management guidelines implemented in the hospitals on organ yield. Preliminary analysis shows that lung utilization increases if the donor lung management guidelines are implemented in the ICU and predefined goals are met. TGLN also implemented catastrophic brain injury guidelines in many donor hospitals. These guidelines recommend medical management of the referred patient prior to brain death, which preserves the option of organ donation. Further analysis of the donor management goals and the catastrophic brain injury guidelines was conducted to assess their effect on organ yield. TGLN's Chief Medical Officer actively promoted the donor management order set within the intensivists' group. As well, hospital donation committees revised order sets as part of the accreditation preparation, and as a way of addressing organ yield targets set out by TGLN.

TGLN also worked with the United Network of Organ Sharing (UNOS) to streamline the process of offering organs that cannot be used in Ontario or Canada and can thus be offered to U.S. hospitals. This process can take many hours and is often a barrier to organs being used, as are restrictions placed on usage by next of kin vis-à-vis organ recovery timing. A donor information sheet will reduce the time that coordinators in the Provincial Resource Centre spend sharing donor medical history. This will enable the organ to be offered to the many U.S. organ procurement organizations, with the hope that the organ will be accepted in a timely manner. TGLN also has been successful in contacting U.S. organ procurement organizations directly, to assess suitability and interest before initiating the process.



Anne Poitras St. Amour and Jessie St. Amour *(mother and son)*
Sudbury

Kidney recipients –
Anne: November 1995
Jessie: September 2007

I love to play tennis and travel – I've gone all over the world. And I have had an incredible career, working in management at IBM for 40 years until I retired three years ago. But all that was put on hold, like most of my daily activities, as I waited to receive double corneal tissue transplants – for my left eye in January 1994, and my right eye in December 1998. My life changed dramatically after the transplants. I have so much to be thankful for, especially the two people who had the foresight, wisdom and courage to donate their corneas. My faith taught me that it is important for everyone to give something back. That's why I have been volunteering for so many years for organizations that champion education, the environment, politics and, of course, organ and tissue donation.

Objective 2: Achieve a 38 per cent consent rate, 1,520 tissue donors and 1.16 tissue yield per donor

In 2010/11, Ontario recorded a record-setting 18.5 per cent increase in tissue donors – 1,619 – for transplantation, research and education. The TGLN consent rate grew to 52 per cent in 2010/11, up slightly from the 51 per cent rate reached in 2009/10.

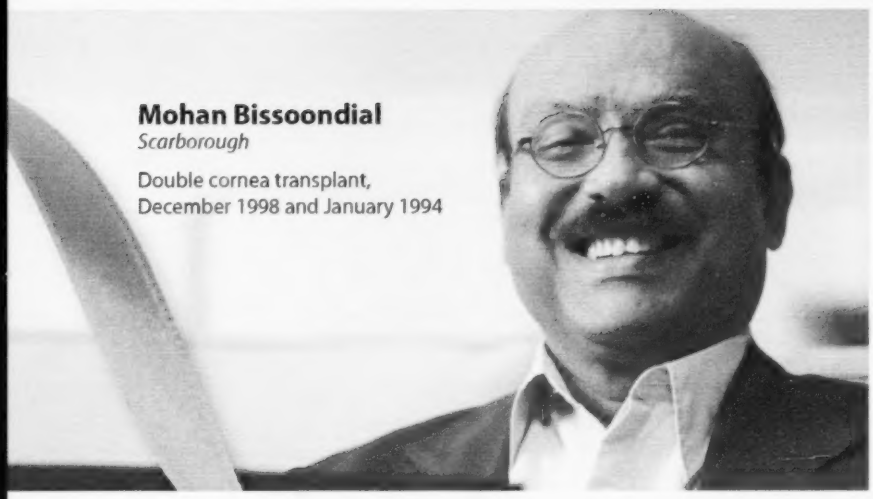
There was also a 13 per cent increase in multi-tissue donors this year, the result of a jump in skin donations through a re-established skin recovery program, and a slight increase in heart valve donations.

We achieved these significant results through:

- Ongoing enhancement of the Call-Screen-Connect strategy.
- Sharing registered consent decisions for tissue donation to families.
- Targeted hospital-wide and select palliative care ward expansion of RNR.
- Implementation of a new model for hospital development for tissue donation.
- Working with provincial tissue banks to understand their specific needs with respect to 24/7 recovery, and to build on existing recovery capacity to support multi-tissue recovery.
- Engaging with senior leaders of tissue banks by setting up a mechanism for sharing tissue acceptance and declines in order to identify opportunities for improvement.

As of August 2010, all 21 hospitals with Organ and Tissue Donation Coordinators (except for paediatric hospitals) had implemented the Call-Screen-Connect strategy, which is a strategy in which TGLN staff, rather than hospital staff, approach the families for consent.

TGLN met with management in hospitals throughout the year to reinforce commitment to allowing TGLN staff to approach families. The TGLN approach rate increased to 66 per cent in the fourth quarter of fiscal year 2010/11, from 41 per cent in the same quarter a year earlier. In order to ensure we were meeting the needs of hospitals, we developed a survey to obtain feedback from hospital staff on the tissue consent strategy. The results showed a high level of satisfaction with the referral process, and that the greatest barrier to connecting families to TGLN coordinators was the donor family's emotional state.



Mohan Bissoondial
Scarborough

Double cornea transplant,
December 1998 and January 1994

These results allowed us to improve approach strategies during the rest of the fiscal year. For example, some hospitals now ask staff to complete an acknowledgement form, indicating that they have received education from TGLN and understand that they should no longer be approaching families. These agreements clarified staff accountability; TGLN then spread this identified best practice across the province.

TGLN also expanded the Call-Screen-Connect strategy to select units and other hospitals as part of RNR. Lakeridge Health Corporation implemented the strategy in acute care areas. Its Oshawa site began using the strategy in November 2010; Bowmanville implemented it in January 2011. Toronto General Hospital implemented Call-Screen-Connect in November 2010, as did St. Michael's Hospital's palliative care unit. The William Osler-Brampton palliative care unit came on board in February 2011.

The Hospital Development Coordinator (Tissue) position supported implementation of these initiatives, and provided refresher training to those hospitals that had implemented the strategy but continued to demonstrate poor compliance.

Much of TGLN's tissue recovery success is because of the fact that, early in 2010/11, previous one-time funding for the tissue program was converted to base funds, and TGLN was therefore able to use the additional funding ($500,000) to increase multi-tissue recovery in partnership with tissue banks. This funding facilitated creation of positions that would help expand TGLN's recovery capability, support hospital development and donor family services, and develop more tissue education materials.

As a result, the Provincial Resource Centre (PRC) is now staffed around the clock by a Tissue Recovery Coordinator (TRC), in addition to the existing Tissue Coordinator. The TRC provides consistent eye recovery coverage for Central Ontario and supports the increased volume of referrals at times of low recovery activity.

Support for eye recovery remains a high priority for TGLN. The recruitment and subsequent training of a TGLN Southwest recovery team supports after-hours eye recovery in the Southwest region. London Health Sciences Centre is also working with regional coroners to provide a more sustainable eye-recovery system during daytime hours.

We continue to work closely with tissue donation partners outside of the hospital setting to identify opportunities to increase tissue donation. TGLN launched a new referral program in collaboration with the Toronto tissue banks and coroners in Central Ontario to provide families whose loved ones die outside of hospital the opportunity to give the gift of tissue.

For the last two fiscal years, Ontario has been unable to support family wishes to donate skin due to the loss of recovery services that were provided by the Ontario Professional Firefighter's Skin Bank. In 2010/11, TGLN worked closely with both Mount Sinai Allograft Technologies and The Skin Bank to improve coverage for skin recovery, which remained limited to the GTA.

Although TGLN was successful in meeting tissue donor targets, this did not translate into the increase in multi-tissue donors we had hoped for. By the end of the fiscal year, Ontario had recorded 136 multi-tissue donors, a 13 per cent increase over 2009/10, but short of the target of 180 donors. We had expected that several initiatives would increase multi-tissue donors, including:

- Engaging more hospitals in required reporting, which would target referrals from emergency departments and ICUs, where the majority of multi-tissue donors originate;
- Additional skin donors, through the re-establishment of a skin-recovery program from the Ontario Professional Firefighter's Skin Bank; and
- Additional heart valves, through an agreement to ensure there was a recovery team available 24/7 to recover heart valves across the province.

As noted, we were unable to engage with more hospitals this year because of participation in external reviews, which delayed our work. The re-establishment of a skin-recovery program, for example, was delayed while we worked out a mutually agreeable arrangement for donor assessment between two tissue banks. The agreed-upon arrangement placed restrictions on the geographic scope of the recovery team, and so we were not able to implement province-wide recovery for skin.

As well, although we were able to negotiate 24/7 recovery services for province-wide heart recovery, the agreement was not in place at the beginning of the fiscal year and there were not enough suitable consented donors. Tissue donation also suffered from an increase in the number of medically unsuitable patients, and so TGLN will be meeting with several tissue banks to enhance multi-tissue recovery in Ontario.

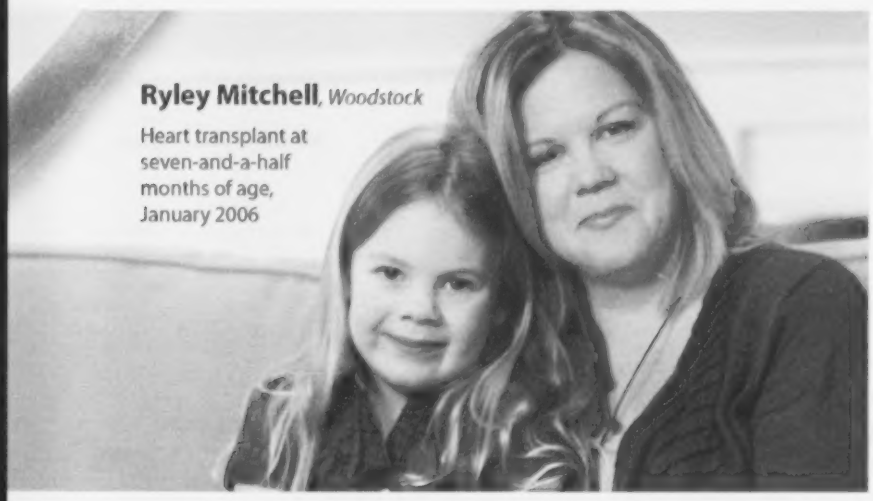
We are looking forward to a projected increase in referrals through the expansion of required routine notification and Call-Screen-Connect to four hospitals in April 2011, two in June 2011, and two in November 2011. TGLN also met regularly with tissue bank partners to review data and discuss cases where tissue was declined, so that we can identify areas in which better knowledge of medical history might increase acceptance.

Our beautiful daughter Ryley was born on Father's Day 2005, the best present a dad could ever ask for. Her birth was much anticipated, as we had been trying to start our family for more than five years. When Ryley was two-and-a-half months old, we took her to emergency, as her breathing seemed laboured. Ryley was immediately assessed to be in acute heart failure and we were given a diagnosis: dilated cardiomyopathy, or an enlarged heart. She was transferred by air to Sick Kids Hospital in Toronto. Once there, her condition stabilized. But in January 2006, we were transferred back to Sick Kids: Riley needed a heart transplant. Fortunately, she waited only 10 days for her new heart. This summer, Ryley participated in the Canadian Transplant Games, where she won four gold medals. We will never be able to thank Ryley's donor family enough. They are truly our heroes!

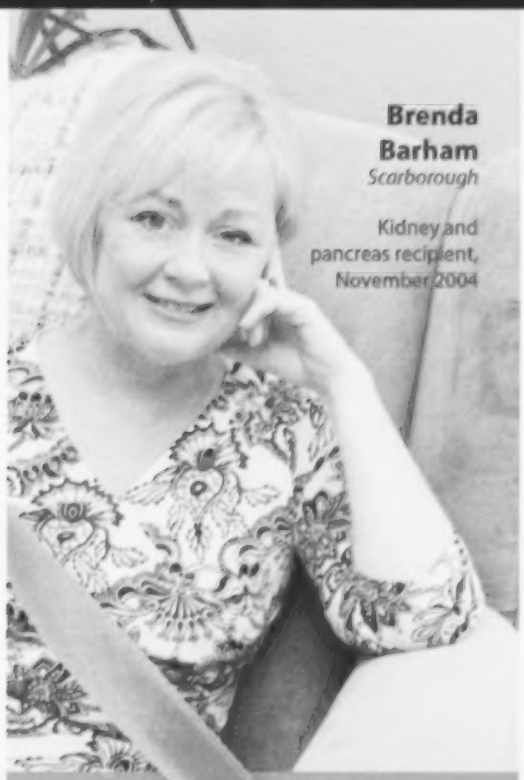
Objective 3: Implement a comprehensive corporate-wide quality management system, meet reporting requirements and achieve efficiencies in work processes

TGLN is committed to ensuring safe and effective practices and the delivery of high-quality services. This year, enhanced quality management methods brought significant performance improvements. Some of the achievements include:

- The design, writing and implementation of a set of quality framework procedures, including rebuilding all major clinical organ-related procedures. This achievement brought standards up to date and in line with Health Canada's 2007 Cells/Tissues/Organs (CTO) Regulations. The extensive, week-long Health Canada inspection confirmed that our clinical operations were substantially in compliance, with only five minor issues identified for improvement. We have now resolved these issues and they have been closed out with Health Canada.
- The development and implementation of an internal auditing process for serological labs, external organ recovery groups and TGLN processes. These audits will help us identify and resolve process non-conformance, and make our quality control system stronger.
- The implementation of new quality tools to process critical incidents, corrective and preventative actions, and lessons learned.
- Partnering with Toronto General Hospital on a year-long LEAN improvement program (a process centered on preserving value, with less work) to identify and resolve inefficiencies in the organ donor process. This process included donor operating room planning through to the organ-waiting-at-the-transplant-hospital stages. The implementation plan has been finalized and should lead to substantial process improvements in 2011/12. One of the biggest benefits of this revised process will be a reduced number of phone calls among all of the major stakeholders involved in the donation process. A reduction of approximately 28 per cent of the phone calls associated with this process should be attainable; this means that more than 80 phone calls on a single organ donation will no longer be needed. This newly streamlined process will apply to all organs at all transplant programs going forward and should significantly contribute to improved donation processing.
- The successful completion of a quality control system audit conducted by The Hospital for Sick Children on behalf of its heart valve tissue bank. This audit is done annually in order to ensure that TGLN is in compliance with the standards for donor assessment and screening.
- The completion of a Clinical Process Instruction template to replace the Standard Operating Procedure model for all organ-related documents on the On-Line Resource Centre.



Ryley Mitchell, *Woodstock*
Heart transplant at seven-and-a-half months of age, January 2006



Brenda Barham
Scarborough

Kidney and pancreas recipient, November 2004

In July 2000, a nephrologist in Hamilton told me that I was in renal failure and would need a kidney transplant. I was put on dialysis in late 2000. Finally, in November 2004, I received the call from Toronto General Hospital: they had a kidney and pancreas for me. The pancreas meant that I would no longer have to live with diabetes.

Since my transplant, I have returned to work, am free to travel and lead a life I thought would never be possible. I am no longer tied to dialysis treatments or a very stringent diet. I help organize the Living Green Ribbon and the Give the Gift of Life Walk.

I am forever grateful to my donor family, who paid tribute to their daughter's life by saving mine. It is the most generous and treasured gift I could ever receive.

TGLN has also significantly enhanced evidence-based decision-making and improved the efficiency of service delivery through the modernization of information system capabilities. Accomplishments included:

- The development of a new database to collect data in near-real time on organ donation approach and consent, gleaned from daily bullet rounds at which active donation cases are reviewed. This database is critical to understanding and increasing organ and tissue donation performance.
- The implementation of a business intelligence database to improve data quality and consistency, as well as efficiency in the generation and distribution of information reports.
- Improvements in data quality, donation processes and information reports through a broad range of enhancements and changes to TGLN's clinical information system, TOTAL.
- Enhanced telecommunication capabilities so that front-line clinical staff can facilitate timely voice and data communication. Staff can now successfully support the complex coordination of organ and tissue donation cases.

Objective 4: Engage stakeholders and build effective partnerships

TGLN partnered with its transplant programs and health care partners in a variety of ways during the fiscal year to promote organ and tissue donation.

The Integrated Stakeholder Advisory focused on the province's current performance in both organ and tissue donation in light of the volume targets proposed for the 2011/12 fiscal year. Committee members agreed with the targets set and with the outline of the strategies TGLN proposed.

In November, in partnership with MOHLTC and the Critical Care Secretariat, TGLN met with transplant representatives to review new structures and processes to support organ donation and transplant services across Ontario. Building on the recommendations of the Report of the Organ and Tissue Transplantation Wait Times Expert Panel, the Transplant Action Team and TGLN struck a Transplant Steering Committee (TSC) and three organ-specific working groups.

The initial meeting of the TSC was held in January 2011. Dr. Bernard Lawless, Provincial Lead, Critical Care and Trauma, MOHLTC, is the chair. Discussions focused on the Terms of Reference and the relationships between the committees, TGLN and hospitals. The TSC also addressed the role of the Quality Committee, its membership and to whom it should report.

The initial meetings of all three organ-specific working groups were also held in January, and were facilitated by Dr. Lawless. The three groups include administrative and medical representatives from all of the province's transplant programs.

The heart/lung working group meetings' initial focus was on recommendations to establish practice standards and performance measures for organ transplants; work was begun on developing common referral and listing criteria for heart and lung patients.

The kidney/pancreas working group meetings' initial focus was on developing a common allocation process for kidney and pancreas. The members started work on developing common referral and listing criteria for kidney and pancreas donation.

TGLN also met with representatives of Ornge, which is responsible for the medical transport of very ill and critically injured patients in Ontario, in the air and on the ground. TGLN hopes that this collaboration will be the beginning of a more coordinated approach to the work we share and an improved working relationship with a key stakeholder.

We also engaged with many other stakeholders throughout the year to promote organ and tissue donor registration, which was our single call to action. For example, during National Organ and Tissue Donation Awareness Week in the third week of April 2010:

- Local municipal governments were successfully engaged in promoting organ and tissue donation. Twenty-five per cent of the 444 communities approached responded positively (112), 52 flew the Gift of Life flag, 62 issued a public proclamation of support (including the City of Toronto, a target population in our Business Plan) and 37 posted the "Register Yes" button on their website, which links to the Gift of Life consent form on TGLN's site.
- The Ontario Hospital Association championed the cause of organ and tissue donation. Thirty-six hospitals (23 per cent) responded, including the province's largest hospital corporation, University Health Network, which posted links to the consent form on its website, internal staff intranet and multi-organ transplant page.
- ServiceOntario champions set up information booths in seven offices across the province.

Although TGLN works hard to make the public more aware of the need to register consent, the registration process also relies on excellent communication practices and follow-up activity by ServiceOntario staff. Communication with front-line staff has been enhanced through the creation and distribution of the twice-yearly ReSOurce newsletter, articles for internal Ministry of Government Services blogs and newsletters, participation in training sessions and presentations at four conferences.

TGLN also worked with corporations and service clubs to encourage employee registration through a variety of events and activities. These organizations included:

- Alliance Insurance
- TELUS
- Caesars Windsor Hotel and Casino
- The Canadian Auto Workers
- The Delta Chelsea Hotel
- The Lions Club of District A3 (Peterborough to Kingston)

As well, volunteers from affiliated non-governmental organizations, such as the Kidney Foundation of Canada, the Canadian Liver Foundation and the Canadian Diabetes Association, were invited in September to participate in the 2011 NOTDAW Planning Working Group. Support from the Kidney Foundation and Liver Foundation leveraged the volunteer bases of these organizations for 2011 NOTDAW events.

Objective 5: Increase donor registrations in Ministry of Health and Long-Term Care (MOHLTC) database

Since the fall of 2008, TGLN's single public call to action has been to encourage Ontarians to register consent to donate organs and tissue. In 2010/11, TGLN created and implemented a variety of strategies to raise awareness, influence attitudes, build understanding and instill a sense of urgency around this goal.

Two important goals were achieved this year, crossing a major threshold in the drive to have more Ontarians register consent: commencing work with MOHLTC and ServiceOntario to deliver an easy-to-use online donor registration channel, and maximizing opportunities to register consent to donation using the existing in-person (at ServiceOntario centres) and mail-in methods.

TGLN leveraged driver's licences as an implementation tactic, a vehicle that many Ontarians associate with organ and tissue donation. TGLN placed an organ and tissue donor consent registration form and a message about the importance of registering consent in driver's licence carrier mailings in August 2010. A pre-paid return envelope was added to the package in November 2010. These mailings are distributed to 3.5 million Ontarians every year. In the first four months post-implementation (December to March) 48,612 envelopes were returned to us, a 4.3 per cent return rate.

Insertion of the consent form and an information brochure in approximately 1.4 million health card renewal and re-registration notices, targeting Ontarians visiting ServiceOntario offices for a health card transaction, began in January 2011.

I am 62 years old. Ten years ago, out of the blue, I was diagnosed with cirrhosis of the liver, even though I was not a drinker. I was told that I would need a liver transplant and was put on a waiting list with 400 others. On November 23, 2001, I was rushed to hospital; a few days later, my liver gave up. The team at Toronto General Hospital agreed that I would not survive the night unless I had a liver transplant. Somehow, the stars aligned and I underwent the procedure that day. Although it hurts me to think that someone accidentally died that night, I am so grateful for the gift of life I received. My son was in high school when I had the transplant. He was so affected by what happened that he decided to go into medicine and is now a resident doctor.

With additional funding from the provincial government, TGLN developed materials for an awareness campaign in 2011/12, which will support the launch of the online donor consent registration tool.

TGLN was also successful in reaching out through the media during 2010/11. We reached 95.7 million readers, viewers and listeners through 619 stories placed in a variety of media, up marginally from the 94.7 million reached in 2009/10. The *Toronto Star* series, which appeared between September 2010 and January 2011 and encouraged residents in the GTA to register their consent decision, was a highlight.

All of this publicity had a significant impact on raising awareness. TGLN's website traffic rose by 17.9 per cent, to 105,820 unique visitors. Consent form access from the site rose by 19 per cent. Calls to InfoLine were up by 64 per cent, to 5,092 calls, compared with fiscal 2009/10. The number of consent forms mailed as a result of those calls rose by 132 per cent, to 3,038.

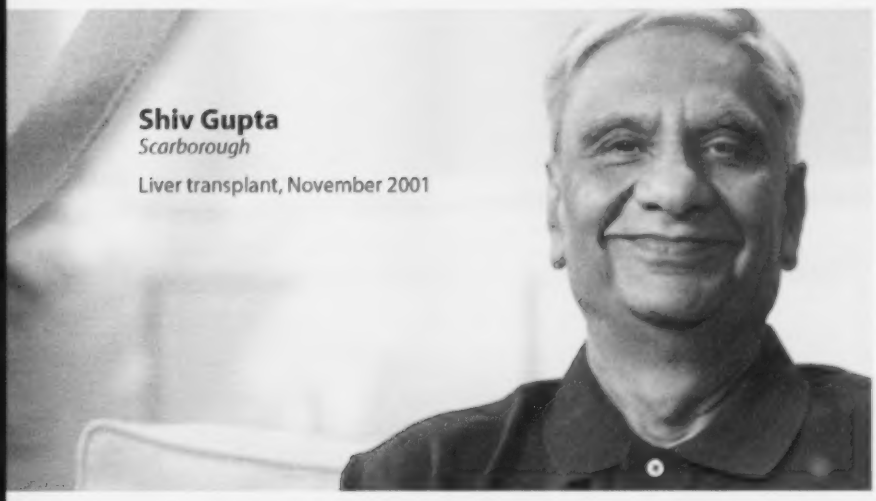
Youth aged 16 to 25 are keen supporters of organ and tissue donation. TGLN continued to build and expand youth support through its RecycleMe.org campus tours and the third and final year of its three-year secondary school curriculum pilot program.

We visited seven new college and university campuses in Mississauga, the GTA, Hamilton, Niagara Region, Kingston and Ottawa during the 2010/11 RecycleMe.org tour. There were 2,474 unique visitors to the RecycleMe.org website over the course of the tour, an increase of more than 100 per cent over the same period in 2010. The media push surrounding the campaign resulted in coverage in each community.

A total of 344 teachers in 260 schools representing 22 school boards participated in the last year of in-services for the three-year pilot of the *One Life ...Many Gifts* secondary school program. Approximately 800 teachers in almost 600 public, Catholic and francophone secondary schools in Ontario's 72 school boards participated in the pilot. Further integration into the provincial curriculum was ensured through the development of new civics and religious education booklets in September.

Sudbury Catholic District School Board (SCDSB) was the first to expand the *One Life...Many Gifts* program to all of its Catholic high schools through religious education and civics classes. In addition, in December 2010, SCDSB, in partnership with TGLN, held a media event for teachers, students and community leaders to discuss this important topic. The event was attended by government officials at the provincial and municipal levels. SCDSB also launched a challenge to the people of Sudbury: to become the first community in Ontario to register 50 per cent of its eligible population. SCDSB has included *One Life...Many Gifts* as part of its strategic plan, which was approved by its Board of Directors.

Other youth outreach involving 10,700 students was achieved through activities planned in partnership with the Kidney Foundation of Canada and the Ontario Hockey League.



Shiv Gupta
Scarborough
Liver transplant, November 2001

TGLN grew its volunteer base by 59 per cent in 2010/11, to 529 supporters. This enabled us to extend our community outreach and boost the number of annual community awareness-building events by 267 per cent, from 78 to 287 events in 175 communities, reaching 55,063 people. A total of 26,671 donor registration forms were given out at these events.

The plan to maximize volunteer support was finalized in December 2010. Revitalizing local volunteer networks across the province began with teleconference calls in February 2011 to encourage deeper engagement. Volunteer orientation sessions for 121 volunteers took place in seven communities in February and March 2011. The goal of these sessions was to update current volunteers about TGLN initiatives, mobilize support for NOTDAW 2011 activities and recruit new volunteers from local university and college campuses. New resources were delivered to volunteers in 2010/11, including a standardized tool for volunteer recruitment, and a policy and procedure for Provincial Volunteer Committee succession, as well as the donation registration drive toolkit.

Individuals from some religious groups believe that their faith is a barrier to donation consent registration. TGLN continued to work with faith and opinion leaders this year to dispel such myths and to encourage their communities to register consent to organ and tissue donation in two key ways:

- Two multi-faith events were held in the GTA (in September 2010 and February 2011) to demonstrate the broad faith support that exists for donation. We used multicultural media relations to extend the event's reach. A multi-faith event template for volunteers was also created and shared. This template will help volunteers facilitate similar multi-faith events in the province.
- We developed faith- and population-specific organ and tissue donation materials and activities to address individual group concerns, including:
  - a new Hindu brochure;
  - distribution of an additional 50,000 brochures in 13 new English-Catholic dioceses across the province, and 17, 500 brochures in French-Catholic dioceses;
  - participation in the Harbourfront Ashkenaz Festival, which celebrates Yiddish and Jewish culture, in a new partnership with the National Council of Jewish Women, Ontario Chapter;
  - distribution of 70,000 brochures in a Ramadan mailing and participating in four Muslim events, in a continuing partnership with the Canadian Council of Imams and the North American Muslim Foundation;

I was diagnosed with kidney failure in January 1979 and placed on haemodialysis. On July 29, I received the gift of a kidney transplant from my daughter. Because of my donor's generosity, I was able to lead a normal life, including getting married and starting a family. I was an athlete throughout high school and college and won many local and provincial championships, including cross-country, athletics, lacrosse, soccer, wrestling and cycling. I have also competed in numerous World and National Transplant Games, and I paddled for the Team Transplant dragon boat team. I have never forgotten the gift of life I received, and have tried to give something back in return: I have volunteered with the Kidney Foundation Windsor chapter and the Trillium Gift of Life Network, and I co-founded the Pulse Support Group in 1989 with three other transplant recipients. Pulse promotes organ and tissue donation.

– participation in the Reviving the Islamic Spirit Conference, one of the largest gatherings of Muslims in North America. Five imams held "Ask the Imam" sessions on the topic of organ and tissue donation;

– participation in a broad range of multicultural television programs on the topic of donation;

– updating a Punjabi brochure on donation and outreach to the South Asian community at three events, in partnership with Amar Karma, Canada's first South Asian non-profit organization to promote organ and tissue donation; and

– outreach to the Black Health Alliance Forum and to the Walnut Foundation, two groups serving the Black community in the GTA.

Objective 6: Improve staff engagement

Staff engagement is critical to the achievement of TGLN's goals. To understand and increase staff engagement and become an employer of choice, TGLN conducted its first confidential, anonymous employee engagement survey in the fall of 2010.

The survey measured 23 key elements at the corporate and department levels, including organizational satisfaction, job satisfaction, employee involvement, continuous quality improvement and others. It allowed us to better understand how TGLN is performing and to benchmark against similar organizations in the health care and not-for-profit/non-governmental organization (NGO) sectors. Ninety per cent of TGLN's regular staff participated in the survey.

TGLN's results were comparable to the organizational and job engagement averages in benchmark organizations in both the NGO and Ontario hospital sectors. Results indicated that TGLN's greatest strengths include:

- Personal involvement (the degree to which employees feel the organization has a great deal of personal meaning for them and their sense of belonging).
- Satisfaction with the strategic senior leadership team.
- Communication within an employee's work area.
- Satisfaction with the physical work environment.
- Trust, fairness and respect.

Our challenges include:

- Pay satisfaction.
- Impact of the job on one's personal life.
- Employees' personal futures, including opportunities for career development and remaining at TGLN.
- Training and knowledge development.
- Job control.

Other workplace-related developments included:

- **Career development and progression** – Developing and retaining staff is crucial to both the organization and, as the

survey results indicate, to staff. Approximately 10 per cent of TGLN staff took advantage of opportunities to further their career by moving into new roles within the organization, and several of them cross-trained and developed into dual functional opportunities within the Clinical Affairs portfolio.

- **Recruiting top talent –** A streamlined, centralized recruitment process enables us to effectively place the right candidate in the right career opportunity. We have continued to expand our targeted recruitment sources to more effectively reach out to applicable audiences through sources such as the Registered Nurses' Association of Ontario, HealthForceOntario, the International Association of Business Communicators and others, and to offer student placements both to enhance the learning opportunity of the student and to supplement TGLN's staff complement.
- **Public Service of Ontario Act (PSOA) compliance –** In accordance with our Memorandum of Understanding (MOU), TGLN has developed policies to support applicable sections of the PSOA, including oaths/affirmations of allegiance and office, an enhanced conflict of interest policy, political activity guidelines and the disclosure of wrongdoing guidelines and processes.
- **Compliance with amendments to the Occupational Health and Safety Act with respect to reducing violence and harassment in the workplace –** TGLN staff, management and the Joint Occupational Health and Safety Committee were actively engaged in the assessment of the workplace and creation of resulting policies and guidelines. A majority of staff (83.6 per cent) surveyed as part of the assessment indicated that they believe that violence or potential violence in the workplace is of low or no risk.

In Conclusion

Trillium Gift of Life Network achieved most of the goals set out in the 2010/11 Business Plan. Tissue donation goals were exceeded and the 213 deceased organ donor number, while not surpassing the 2009/10 record year, was an increase of nearly 16 per cent over 2008/09, reflecting continued progress in the implementation of best practice in hospitals and the growing number of hospitals following routine notification. The audit, inspection and review by the Office of the Auditor General, Health Canada and the Transplant Action Team were all positive.

Public awareness and increased donor registration are the cornerstones of increasing organ and tissue donation to save and enhance more lives. The two key components of increasing public awareness are reaching greater numbers of people and dispelling myths. Through inserts in drivers' licence carrier and health card mailings, and through earned media, we reached more people and made it easier for them to register their consent. We held multi-faith events to help dispel myths and encourage consent registration in many different faith communities, and we worked with youth across the province through our RecycleMe.org campaign and our secondary school curriculum pilot program.

Our staff is the backbone of our organization. We were encouraged by the positive results in many areas of employee satisfaction evidenced in our first employee survey. More importantly, we were able to define the areas in which improvements are needed and can now address these challenges.

We have so much to celebrate, so many more lives to save and many greater achievements to look forward to in the next fiscal year.

Appendix I – Tables and figures for tissue: 2008/09, 2009/10 and 2010/11

Table 1

Tissue Donation by Tissue Type

Tissue Type	*FY 2010/11*	*FY 2009/10*	*FY 2008/09*
Ocular Tissue	1,595	1,354*	1,078
Skin	10	0	1
Heart Valves	42	35	51
Bone	84	85	52
Any Tissue	1,619	1,366*	1,100

** revised since last year's annual report.*

Table 2

Tissue Donors by Hospital

Hospital	*FY 2010/11*	*FY 2009/10*	*FY 2008/09*	*% Change FY 2010/11 over FY 2009/10*	*% Change FY 2010/11 over FY 2008/09*
Central and GTA Region					
Lakeridge Health Corporation	73	30	25	143%	192%
Royal Victoria Hospital	50	53	28	-6%	79%
St. Michael's Hospital	68	51	52	33%	31%
Sunnybrook Health Sciences Centre	49	44	40	11%	23%
The Hospital For Sick Children	15	8	8	88%	88%
The Scarborough Hospital	46	29	30	59%	53%
Trillium Health Centre	56	52	47	8%	19%
University Health Network	106	88	49	20%	116%
William Osler Health Centre	49	32	13	53%	277%
York Central Hospital	19	12	9	58%	111%
Non-Tier 1 Facilities in Central and GTA Region	96	89	78	8%	23%
Total, Central and GTA Region	**627**	**488**	**379**	**28%**	**65%**
Eastern Region					
Children's Hospital of Eastern Ontario	5	5	5	0%	0%
Kingston General Hospital	128	112	98	14%	31%
The Ottawa Hospital	171	146	139	17%	23%
Non-Tier 1 Facilities in Eastern Region	48	55	25	-13%	92%
Total, Eastern Region	**352**	**318**	**267**	**11%**	**32%**

Continued on page 22

Table 2 *(Continued from page 21)*

Tissue Donors by Hospital

Hospital	*FY 2010/11*	*FY 2009/10*	*FY 2008/09*	*% Change FY 2010/11 over FY 2009/10*	*% Change FY 2010/11 over FY 2008/09*
Northern Region					
Sudbury Regional Hospital	72	61	40	18%	80%
Thunder Bay Regional Health Sciences Centre	36	25	23	44%	57%
Non-Tier 1 Facilities in Northern Region	4	12	8	-67%	-50%
Total, Northern Region	**112**	**98**	**71**	**14%**	**58%**
Southwest Region					
Grand River Hospital Corporation	26	40	38	-35%	-32%
Hamilton Health Sciences Centre	136	125	86	9%	58%
Hôtel-Dieu Grace Hospital – Windsor	58	46	33	26%	76%
London Health Sciences Centre	112	68	77	65%	45%
Niagara Health System	75	61	60	23%	25%
St. Mary's General Hospital	38	23	15	65%	153%
Non-Tier 1 Facilities in Southwest Region	36	48	45	-25%	-20%
Total, Southwest Region	**481**	**411***	**354**	**17%**	**36%**
Total, Unknown Facilities	**47**	**51**	**29**	**-8%**	**62%**
Total, All Regions	**1,619**	**1,366***	**1,100**	**19%**	**47%**

NOTES:
1. Donors: Number of individual tissue donors from whom at least one type of tissue was recovered.
2. All cases with no information on referring hospital are counted within Total, Unknown Facilities.

** number revised subsequent to previous annual report*

Appendix I – Tables and figures for tissue: 2008/09, 2009/10 and 2010/11

Figure 1

Tissue Referrals and Donors

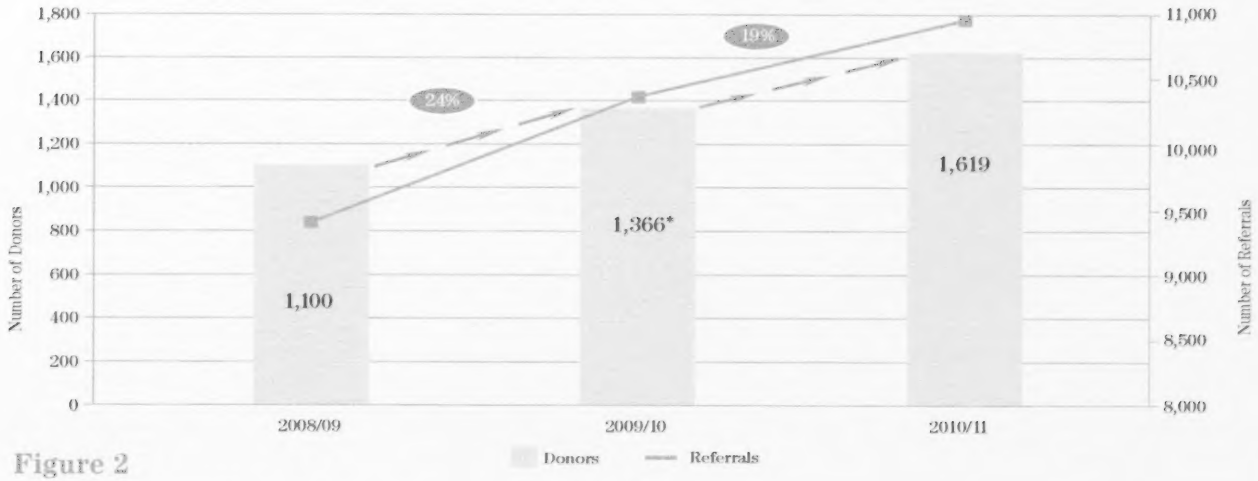


Figure 2

Tissue Approach and Consent

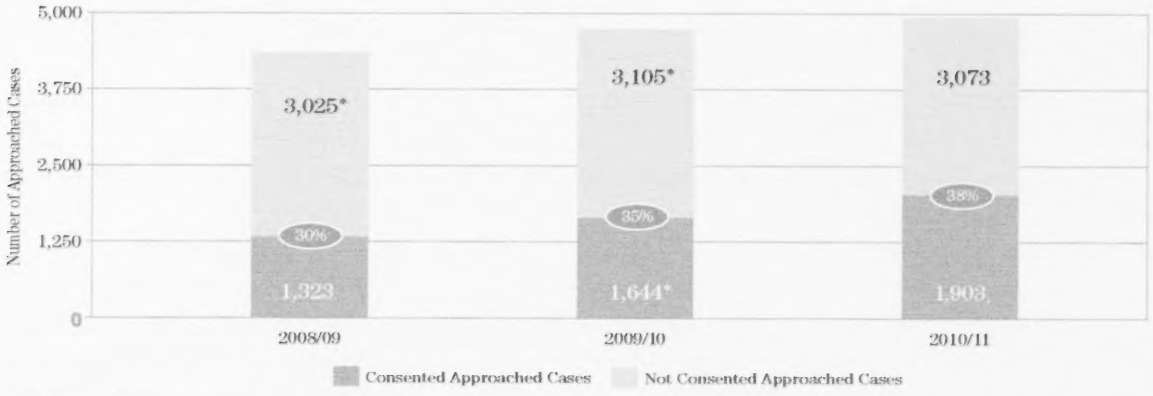
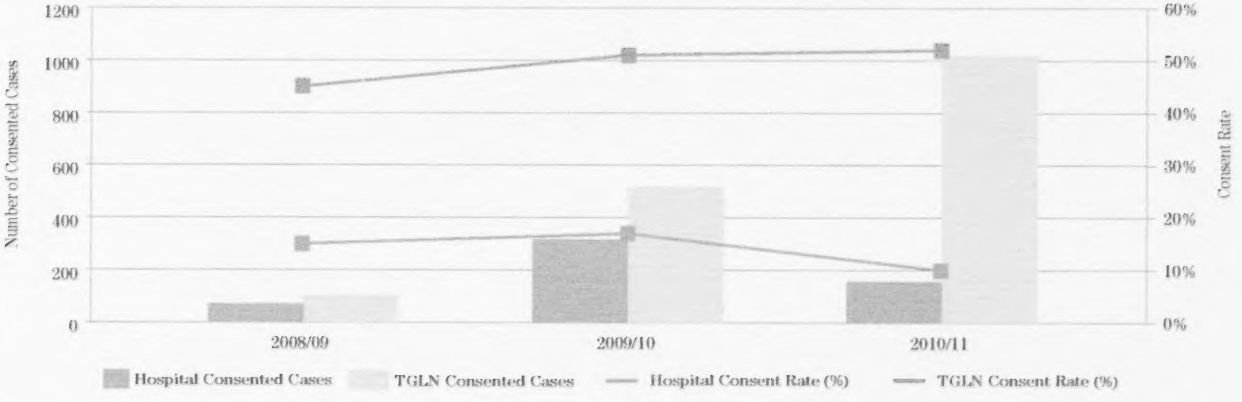


Figure 3

Call-Screen-Connect Strategy – TGLN/Hospital Consent Ratio



** revised since last year's annual report.*

Appendix I – Tables for organs: 2008/09, 2009/10 and 2010/11

Table 1

Organ Donation Performance Indicator Results (Tier 1 Hospitals)

Performance Indicator	*FY 2010/11*	*FY 2009/10*
Potential Organ Donors	413	445
Organ Donors	185	202
Referral Rate	98%	97%
Declaration Rate	68%	69%
Approach Rate	80%	83%
Consent Rate	74%	69%
Recovery Rate	89%	86%
Conversion Rate	55%	53%

Definitions

Potential organ donors: Under Trillium Gift of Life Network's (TGLN) measurement system, potential organ donors are called potential eligible cases. There are three categories of potential eligible cases:

1. Cases with at least one documented declaration of brain death and free of exclusionary medical conditions.
2. Cases with documented clinical findings consistent with but not declared as brain death, and free of exclusionary medical conditions.
3. Realized donation after cardiac death (DCD) cases.

An **organ donor** means that at least one organ from a deceased person is recovered and transplanted. That deceased person becomes an organ donor.

Probable cases (in the following definitions) are potential eligible cases as well as cases found medically unsuitable before or after consent for donation is obtained.

Referral rate is the percentage of probable cases referred to TGLN.

Declaration rate is the percentage of probable cases declared neurogically (brain) dead.

Approach rate is the percentage of probable cases left after removing those cases determined to be medically unsuitable or not brain dead before an approach is made.

Consent rate is the percentage of approached cases in which consent has been obtained for deceased organ donation.

Recovery rate is the percentage of cases in which consent was obtained and from which at least one organ was recovered and transplanted.

Conversion rate is the percentage of potential organ donors converted into actual donors.

Table 2

Organ Donors from Ontario and Out-of-Province

Type of Donor	*FY 2010/11*	*FY 2009/10*	*FY 2008/09*
Deceased Donors from Ontario	213	221	184
NDD Donors from Ontario	172	186	149
DCD Donors from Ontario	41	35	35
Living Donors from Ontario	255	280*	281
All Ontario Donors	**468**	**501***	**465**
Deceased Donors from Other Canadian Provinces	50	58	64
Deceased Donors from the U.S.	12	11	11
All Out-of-Province Donors	**62**	**69**	**75**

Definitions

NDD – Neurological determination of death
DCD – Donations after cardiac death

** number revised subsequent to previous annual report*

Table 3

Deceased Organ Donors by Region and Hospital

Region	*Hospital*	*2010/11*	*2009/10*	*2008/09*
Central and GTA	Lakeridge Health Corporation	7	4	1
Central and GTA	Royal Victoria Hospital	5	6	2
Central and GTA	St. Michael's Hospital	13	18	5
Central and GTA	Sunnybrook Health Sciences Centre	12	20	9
Central and GTA	The Hospital for Sick Children	12	4	10
Central and GTA	The Scarborough Hospital	2	4	2
Central and GTA	Trillium Health Centre	4	11	10
Central and GTA	University Health Network	11	10	10
Central and GTA	William Osler Health System	7	9	3
Central and GTA	York Central Hospital	3	5	4
Central and GTA	Non-Tier 1 Hospitals in Central and GTA Region	17	14	16
Central and GTA Total		**93**	**105**	**72**
Eastern	Children's Hospital of Eastern Ontario	1	2	1
Eastern	Kingston General Hospital	8	9	7
Eastern	The Ottawa Hospital	22	15	16
Eastern	Non-Tier 1 Hospitals in Eastern Region	4	0	1
Eastern Total		**35**	**26**	**25**
Northern	Sudbury Regional Hospital	8	4	4
Northern	Thunder Bay Regional Health Sciences Centre	6	4	4
Northern	Non-Tier 1 Hospitals in Northern Region	2	0	2
Northern Total		**16**	**8**	**10**
Southwest	Grand River Hospital	6	1	3
Southwest	Hamilton Health Sciences Centre	26	35	26
Southwest	Hôtel-Dieu Grace Hospital – Windsor	6	6	9
Southwest	London Health Sciences Centre	21	26	28
Southwest	Niagara Health System	3	6	4
Southwest	St. Mary's General Hospital	2	3	2
Southwest	Non-Tier 1 Hospitals in Southwest Region	5	5	5
Southwest Total		**69**	**82**	**77**
Grand Total		**213**	**221**	**184**

Appendix I – Tables for organs: 2008/09, 2009/10 and 2010/11

Table 4

Number of Organs Recovered and Transplanted from Deceased Donors in Ontario

Organ	*2010/11*			*2009/10*			*2008/09*		
	From NDD Donors	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*
Heart	55	0	55	58	0	58	54	0	54
Kidney	284	70	354	304	63	367	244	62	306
Liver	149	10	159	156	13	169	125	14	139
Lung	90	16	106	127	18	145	110	11*	121*
Pancreas – Islets	45	0	45	24*	1	25*	0*	0	0*
Pancreas – Whole	21	2	23	37	0	37	35*	1	36*
Small Bowel	1	0	1	–	0	0	1	0	1
Total	**645**	**98**	**743**	**706***	**95**	**801***	**569**	**88***	**657***

Only organs recovered from deceased Ontario donors and transplanted, in and outside of the province, were counted.
** number revised subsequent to previous annual report*

Table 5

Organ Transplant Yield per Deceased Donor in Ontario

Organ	*2010/11*		*2009/10*		*2008/09*	
	Number of Organs	*Organ Yield per Donor*	*Number of Organs*	*Organ Yield per Donor*	*Number of Organs*	*Organ Yield per Donor*
Heart**	55	0.29	58	0.29*	54	0.32*
Kidney	354	0.83	367	0.85*	306	0.84*
Liver	159	0.76	169	0.78*	139	0.77*
Lung	106	0.26	145	0.35*	121*	0.35*
Pancreas – Islets	45	0.24	25*	0.13*	0*	0.00*
Pancreas – Whole	23	0.11	37	0.19*	36*	0.21*
Small Bowel	1	0.01	0	0	1	0.01
Total	**743**	**3.49**	**801***	**3.62***	**657***	**3.57***

Only organs recovered from deceased Ontario donors and transplanted, in and outside of the province, were counted.
***Organ yield for the heart is calculated for NDD donors only.*
** number revised subsequent to previous annual report*

Appendix I – Tables for organs: 2008/09, 2009/10 and 2010/11

Table 6

Organ Transplants in Ontario from Deceased (Provincial and Non-Provincial) and Living Donors from Ontario

	2010/11	*2009/10*	*2008/09*
Kidney from Deceased Donors	333	333	274
Kidney from Living Donors	213	235	227
Liver from Deceased Donors	166	176	152
Liver from Living Donors	42	45	54
Heart	66	62	66
Lung	77	100	91
Pancreas	7	18	12
Small Bowel	1	0	1
Kidney/Pancreas	19	21	24
Heart/Lung	1	2	3
Liver/Kidney	4	2	1
Liver/Heart	1	0	0
Liver/Bowel	0	0	2
Liver/Lung	0	1	0
Liver/Pancreas	0	1	0
Total	**930**	**996***	**907***

** number revised subsequent to previous annual report*

Table 7

Living Kidney Transplants as a Percentage of all Kidney Transplants

	2010/11	*2009/10*	*2008/09*
Kidney Transplants from Living & Deceased Donors	546	568*	501*
Kidney Transplants from Living Donors	213	235	227
Percent of Kidney Transplants from Living Donors	**39%**	**41%**	**45%**

** number revised subsequent to previous annual report*

Appendix I – Tables for organs: 2008/09, 2009/10 and 2010/11

Table 8

Living Liver Transplants as a Percentage of all Liver Transplants

	2010/11	*2009/10*	*2008/09*
Liver Transplants from Living & Deceased Donors	208	221	206
Liver Transplants from Living Donors	42	45	54
Percentage of Liver Transplants from Living Donors	**20%**	**20%**	**26%**

Table 9

Waiting List for Organ Transplant

	31-Mar-2011	*31-Mar-2010*	*31-Mar-2009*
Kidney	1,056	1,163	1,185
Liver	232	280	306
Heart	64	58	48
Lung	65	45	64
Pancreas	26	15	22
Small Bowel	0	3	4
Kidney/Pancreas	51	45	37
Heart/Lung	1	2	1
Total	**1,495**	**1,611**	**1,667**

Table 10

Deceased Organ Donation Funding, Tier 1 Hospitals – April 1, 2010 to March 31, 2011

Tier I Hospitals	*Phase I*		*Phase 2*		*Phase 3*		*Total $ Funding*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Royal Victoria Hospital	10	$8,000	6	$12,300	5	$15,750	$36,050
Kingston General Hospital	21	$16,800	10	$20,500	9	$28,350	$65,650
St. Mary's General Hospital	8	$6,400	2	$4,100	2	$6,300	$16,800
York Central Hospital	12	$9,600	3	$6,150	3	$9,450	$25,200
Children's Hospital of Eastern Ontario	3	$2,400	1	$2,050	1	$3,150	$7,600
The Hospital For Sick Children	29	$23,200	16	$32,800	13	$40,950	$96,950
St. Michael's Hospital	37	$29,600	18	$36,900	14	$44,100	$110,600
Hôtel-Dieu Grace Hospital – Windsor	21	$16,800	9	$18,450	6	$18,900	$54,150
Grand River Hospital Corporation – Kitchener	14	$11,200	7	$14,350	6	$18,900	$44,450
Thunder Bay Regional Health Sciences Centre	13	$10,400	10	$20,500	7	$22,050	$52,950
London Health Sciences Centre	57	$45,600	32	$65,600	25	$78,750	$189,950
University Hospital	27	$21,600	14	$28,700	14	$44,100	$94,400
Victoria Hospital – London	25	$20,000	15	$30,750	8	$25,200	$75,950
Children's Hospital Of Western Ontario	5	$4,000	3	$6,150	3	$9,450	$19,600
Hamilton Health Sciences Centre	57	$45,600	32	$65,600	29	$91,350	$202,550
Hamilton Health Sciences Centre – McMaster Site	7	$5,600	5	$10,250	5	$15,750	$31,600
Hamilton General Hospital	49	$39,200	27	$55,350	24	$75,600	$170,150
Hamilton Health Sciences, Henderson Site	1	$800	0	$0	0	$0	$800
University Health Network	28	$22,400	12	$24,600	11	$34,650	$81,650
Toronto General Hospital	3	$2,400	1	$2,050	1	$3,150	$7,600
Toronto Western Hospital	25	$20,000	11	$22,550	10	$31,500	$74,050
Trillium Health Centre	23	$18,400	7	$14,350	6	$18,900	$51,650
William Osler Health System	22	$17,600	12	$24,600	8	$25,200	$67,400
William Osler Health System, Brampton Civic Hospital	14	$11,200	6	$12,300	5	$15,750	$39,250
William Osler Health System, Etobicoke General Hospital	8	$6,400	6	$12,300	3	$9,450	$28,150
Lakeridge Health Corporation	13	$10,400	8	$16,400	7	$22,050	$48,850
Lakeridge Health – Bowmanville	1	$800	1	$2,050	1	$3,150	$6,000
Lakeridge Health – Oshawa	12	$9,600	7	$14,350	6	$18,900	$42,850
Sunnybrook Health Sciences Centre	39	$31,200	14	$28,700	12	$37,800	$97,700
The Ottawa Hospital	42	$33,600	30	$61,500	30	$94,500	$189,600
Ottawa Hospital General Campus	5	$4,000	5	$10,250	5	$15,750	$30,000
Ottawa Hospital Civic Campus	37	$29,600	25	$51,250	25	$78,750	$159,600
Sudbury Regional Hospital	15	$12,000	10	$20,500	9	$28,350	$60,850
The Scarborough Hospital	8	$6,400	4	$8,200	2	$6,300	$20,900
Scarborough Hospital – Birchmount Site	7	$5,600	3	$6,150	2	$6,300	$18,050
Scarborough General Hospital	1	$800	1	$2,050	0	$0	$2,850
Niagara Health System	7	$5,600	4	$8,200	3	$9,450	$23,250
Niagara Health System, Welland County Site	3	$2,400	2	$4,100	2	$6,300	$12,800
Niagara Health System, Greater Niagara General	3	$2,400	2	$4,100	1	$3,150	$9,650
Niagara Health System, St. Catherine General Site	1	$800	0	$0	0	$0	$800
Total: Tier 1 Hospitals	**479**	**$383,200**	**247**	**$506,350**	**208**	**$655,200**	**$1,544,750**

Table 11

Deceased Organ Donation Funding, Non-Tier 1 Hospitals – April 1, 2010 to March 31, 2011

Non-Tier 1 Hospitals	*Phase 1*		*Phase 2*		*Phase 3*		*Total $ Funding*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
North York General Hospital	2	$1,600	1	$2,050	0	$0	$3,650
St Joseph's Healthcare System – Hamilton	3	$2,400	2	$4,100	2	$6,300	$12,800
Ross Memorial Hospital	1	$800	1	$2,050	0	$0	$2,850
Joseph Brant Memorial Hospital	1	$800	1	$2,050	1	$3,150	$6,000
The Credit Valley Hospital	6	$4,800	4	$8,200	3	$9,450	$22,450
Southlake Regional Health Centre	3	$2,400	3	$6,150	1	$3,150	$11,700
Soldiers' Memorial Hospital – Orillia	1	$800	1	$2,050	1	$3,150	$6,000
Mount Sinai Hospital	2	$1,600	1	$2,050	1	$3,150	$6,800
St Joseph's Health Centre – Toronto	2	$1,600	2	$4,100	2	$6,300	$12,000
Peterborough Regional Health Centre	3	$2,400	3	$6,150	4	$12,600	$21,150
Markham Stouffville Hospital	4	$3,200	2	$4,100	1	$3,150	$10,450
North Bay Civic Hospital	2	$1,600	2	$4,100	2	$6,300	$12,000
Windsor Regional Hospital (Metropolitan Campus)	4	$3,200	1	$2,050	1	$3,150	$8,400
Humber River Regional Hospital	13	$10,400	4	$8,200	4	$12,600	$31,200
Humber River Regional Hospital – York-Finch	5	$4,000	1	$2,050	1	$3,150	$9,200
Humber River Regional Hospital – Church Street Site	8	$6,400	3	$6,150	3	$9,450	$22,000
Oakville Trafalgar Memorial Hospital	2	$1,600	1	$2,050	1	$3,150	$6,800
Rouge Valley Health System	4	$3,200	1	$2,050	1	$3,150	$8,400
Rouge Valley Health System, Centenary Site	3	$2,400	0	$0	0	$0	$2,400
Rouge Valley Health System, Ajax Site	1	$800	1	$2,050	1	$3,150	$6,000
Grey Bruce Health Services – Owen Sound	1	$800	1	$2,050	1	$3,150	$6,000
University Of Ottawa Heart Institute	10	$8,000	6	$12,300	1	$3,150	$23,450
Brantford General Hospital	1	$800	0	$0	0	$0	$800
Quinte Healthcare Belleville General	1	$800	1	$2,050	0	$0	$2,850
Sarnia General Hospital	1	$800	0	$0	0	$0	$800
Sault Ste Marie General Hospital	3	$2,400	0	$0	0	$0	$2,400
Toronto East General Hospital	1	$800	0	$0	0	$0	$800
Woodstock General Hospital	1	$800	0	$0	0	$0	$800
Total: Non-Tier 1 Hospitals	**72**	**$57,600**	**38**	**$77,900**	**27**	**$85,050**	**$220,550**
Grand Total: (Tier 1 Hospitals and Non-Tier 1 Hospitals)	**551**	**$440,800**	**285**	**$584,250**	**235**	**$740,250**	**$1,765,300**

Appendix II – Board of Directors as of March 31, 2011

Board of Directors	*Appointed*	*Term Expires*
Rabbi Reuven P. Bulka, Chair	December 1, 2004	November 30, 2011
Karen Belaire	January 4, 2011	January 4, 2014
Christine Clark	September 3, 2008	September 8, 2011
Diane Craig	December 8, 2004	December 7, 2013
Dr. Diane Hebert	December 1, 2004	November 30, 2012
Vicki Kaminski	December 6, 2006	December 7, 2011
May Ye Lee	December 8, 2004	December 7, 2012
Bernadette MacDonald	December 8, 2004	June 7, 2011
Dr. Kenneth Pritzker	March 3, 2010	March 2, 2013
Dr. Miriam Frances Rossi	December 1, 2004	November 30, 2012

Appendix III – Management Group as of March 31, 2011

Frank Markel, Ph.D.	*President and Chief Executive Officer*
Dr. Sonny Dhanani	*Chief Medical Officer, Transplantation*
Janet MacLean	*Vice-President, Clinical Affairs*
Versha Prakash	*Vice-President, Operations*
Sandra Fawcett	*Director, Public Affairs and Communications*
John Hanright	*Director, Quality Assurance and Performance Improvement*
Lisa MacIsaac	*Director, Project Management, Organs and Tissues*
Catherine McIntosh	*Director, Finance, Human Resources and Administration*
Clare Payne	*Director, Provincial Resource Centre*
Scott Skinner	*Director, Hospital Programs*
Keith Wong	*Director, Information Services*
Janice Beitel	*Professional Practice Leader*
Christine Humphreys	*Manager, Provincial Resource Centre, Tissue*
Victoria Leist	*Manager, Provincial Resource Centre, Organ*
Beverley Mitchell	*Manager, Human Resources*
Robert Sanderson	*Manager, Hospital Programs*
Dan Tsujiuchi	*Manager, Finance*

Financial Statements

Trillium Gift of Life Network

March 31, 2011

AUDITORS' REPORT

To the Members of
Trillium Gift of Life Network

We have audited the accompanying financial statements of **Trillium Gift of Life Network** [the "Network"], which comprise the statement of financial position as at March 31, 2011, and the statements of operations, changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Network as at March 31, 2011, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Ernst & Young LLP

Toronto, Canada,
June 20, 2011.

Chartered Accountants
Licensed Public Accountants

Trillium Gift of Life Network

STATEMENT OF FINANCIAL POSITION

As at March 31

	2011 $	2010 $
ASSETS		
Current		
Cash and cash equivalents	**9,768,423**	7,622,762
GST/HST recoverable	**306,159**	117,178
Other receivables	**79,035**	—
Prepaid expenses	**33,929**	20,129
Total current assets	**10,187,546**	7,760,069
Capital assets, net *[note 5]*	**556,747**	764,637
	10,744,293	8,524,706
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	**3,723,341**	2,838,205
Deferred contributions *[note 6]*	**6,213,350**	4,726,472
Total current liabilities	**9,936,691**	7,564,677
Deferred funding for capital assets *[note 7]*	**375,878**	585,313
Total liabilities	**10,312,569**	8,149,990
Commitments *[note 10]*		
Net assets		
Unrestricted	**269,901**	242,788
Board restricted *[note 8]*	**161,823**	131,928
Total net assets	**431,724**	374,716
	10,744,293	8,524,706

See accompanying notes

On behalf of the Board:

Director

Director

Trillium Gift of Life Network

STATEMENT OF OPERATIONS

Year ended March 31

	2011 $	2010 $
REVENUE		
Ontario Ministry of Health and Long-Term Care *[note 6]*		
- Operations	**13,626,204**	13,952,490
- Deceased Organ Donation Managed Fund	**1,640,005**	1,300,008
- Tissue Program	**1,156,229**	860,841
- Education Program	**92,385**	153,300
- PRELOD Managed Fund	**170,666**	191,557
- TPER Managed Fund	**96,308**	66,899
Amortization of deferred funding for capital assets *[note 7]*	**252,626**	277,644
Ontario Ministry of Education *[note 6]*	**101,932**	112,387
Interest income	**25,733**	18,546
Other	**20,672**	68,584
Donations *[note 8]*	**51,144**	43,556
	17,233,904	17,045,812
EXPENSES		
Salaries and employee benefits *[note 9]*	**9,094,753**	8,598,179
Communications	**1,327,348**	2,176,417
Medical supplies and testing	**1,007,974**	1,131,080
General and administrative	**717,925**	700,873
Information systems	**640,681**	543,069
Office rent and maintenance	**514,628**	396,927
Amortization of capital assets	**374,765**	401,030
Community projects *[note 8]*	**21,249**	67,642
Deceased Organ Donation Managed Fund	**1,786,950**	1,640,350
Tissue Program	**1,154,388**	860,841
Education Project	**269,261**	265,688
PRELOD Managed Fund	**170,666**	191,557
TPER Managed Fund	**96,308**	66,899
	17,176,896	17,040,552
Excess of revenue over expenses for the year	**57,008**	5,260

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CHANGES IN FUND BALANCES

Year ended March 31

	2011		
	Unrestricted $	Board restricted $	Total $
Net assets, beginning of year	**242,788**	**131,928**	**374,716**
Excess of revenue over expenses for the year	**57,008**	—	**57,008**
Interfund transfers, net *[note 8]*	**(29,895)**	**29,895**	—
Net assets, end of year	**269,901**	**161,823**	**431,724**

	2010		
	Unrestricted $	Board restricted $	Total $
Net assets, beginning of year	213,442	156,014	369,456
Excess of revenue over expenses for the year	5,260	—	5,260
Interfund transfers, net *[note 8]*	24,086	(24,086)	—
Net assets, end of year	242,788	131,928	374,716

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CASH FLOWS

Year ended March 31

	2011 $	2010 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	**57,008**	5,260
Add (deduct) items not involving cash		
Amortization of capital assets	**374,765**	401,030
Amortization of deferred funding for capital assets	**(252,626)**	(277,644)
	179,147	128,646
Changes in non-cash working capital balances related to operations		
GST/HST recoverable	**(188,981)**	(23,595)
Other receivables	**(79,035)**	70,625
Prepaid expenses	**(13,800)**	(7,963)
Accounts payable and accrued liabilities	**885,136**	144,425
Deferred contributions	**1,530,069**	66,074
Cash provided by operating activities	**2,312,536**	378,212
INVESTING ACTIVITIES		
Acquisition of capital assets	**(166,875)**	(27,569)
Redemption of short-term investment	**—**	165,000
Cash provided by (used in) investing activities	**(166,875)**	137,431
Net increase in cash and cash equivalents during the year	**2,145,661**	515,643
Cash and cash equivalents, beginning of year	**7,622,762**	7,107,119
Cash and cash equivalents, end of year	**9,768,423**	7,622,762

See accompanying notes

Trillium Gift of Life Network

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

1. PURPOSE OF THE ORGANIZATION

Trillium Gift of Life Network [the "Network"] is a non-share capital corporation created in 2001, under the Trillium Gift of Life Network Act [formerly The Human Tissue Gift Act]. The Network has been established to enable every Ontario resident to make an informed decision to donate organs and tissue, to support healthcare professionals in implementing their wishes, and to maximize organ and tissue donation in Ontario through education, research, service and support.

The Network became operational on April 1, 2002, to assume the functions of the former Organ Donation Ontario, as well as to adopt additional responsibilities associated with the Network's mandate.

As a not-for-profit organization registered as a charity under the Income Tax Act (Canada) [the "Act"], the Network is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. The significant accounting policies followed in the preparation of these financial statements are summarized as follows:

Revenue recognition

The Network follows the deferral method of accounting for contributions. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred.

Financial instruments

The Network has chosen to apply CICA 3861: *Financial Instruments – Disclosure and Presentation*, in place of CICA 3862: *Financial Instruments – Disclosures, and CICA 3863: Financial Instruments – Presentation.*

Cash and cash equivalents

Cash and cash equivalents consist of cash on deposit and short-term investments with terms to maturity of less than 90 days at date of purchase.

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

Capital assets

Capital assets are recorded at cost. Contributed capital assets are recorded at market value at the date of contribution. Amortization is provided on a straight-line basis, at annual rates based on the estimated useful lives of the assets as follows:

Furniture and equipment	3 - 5 years
Leasehold improvements	over term of lease
Internally developed computer software	5 years
Computer hardware and other software	3 years

Deferred funding for capital assets

Capital contribution funding and leasehold inducements received for the purposes of acquiring depreciable capital assets are deferred and amortized on the same basis, and over the same periods, as the amortization of the related capital assets.

Employee benefit plan

Contributions to a multi-employer defined benefit pension plan are expensed when due.

Contributed materials and services

Contributed materials and services are not reflected in these financial statements.

Use of estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

Allocation of expenses

Direct expenses, including costs of personnel and other expenses that are directly related to projects, are recorded as project expenses. General support and other costs are not allocated.

3. FUTURE CHANGES IN ACCOUNTING POLICIES

Effective for fiscal 2013, the Network will be required to adopt a new financial reporting framework. The Network is currently evaluating whether it is a government not-for-profit organization required to adopt the Public Sector Accounting Handbook or a not-for-profit organization required to adopt Part III of the CICA Handbook.

4. CAPITAL MANAGEMENT

In managing capital, the Network focuses on liquid resources available for operations. The Network's objective is to have sufficient liquid resources to continue operating despite adverse events with financial consequences and to provide it with the flexibility to take advantage of opportunities that will advance its purposes. The need for sufficient liquid resources is considered in the preparation of an annual budget and in the monitoring of cash flows and actual operating results compared to budget. As at March 31, 2011, the Network has met its objective of having sufficient liquid resources to meet its current objectives.

5. CAPITAL ASSETS

Capital assets consist of the following:

	2011		
	Cost $	Accumulated amortization $	Net book value $
Furniture and equipment	475,628	365,042	110,586
Leasehold improvements	687,937	325,792	362,145
Internally developed computer software	842,122	842,122	—
Computer hardware and other software	622,062	538,046	84,016
	2,627,749	2,071,002	556,747

	2010		
	Cost $	Accumulated amortization $	Net book value $
Furniture and equipment	366,583	337,452	29,131
Leasehold improvements	653,266	252,920	400,346
Internally developed computer software	842,122	699,031	143,091
Computer hardware and other software	598,903	406,834	192,069
	2,460,874	1,696,237	764,637

6. DEFERRED CONTRIBUTIONS

The continuity of deferred contributions is as follows:

	2011 $	2010 $
Balance, beginning of year	4,726,472	4,663,346
Contributions received	20,458,598	19,249,135
Amount recognized as revenue	(16,883,729)	(16,637,461)
Amount transferred to deferred capital contributions *[note 7]*	(43,191)	(2,948)
Amount repaid to the Ontario Ministry of Health and Long-Term Care	(2,044,800)	(2,545,600)
Balance, end of year	6,213,350	4,726,472

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

7. DEFERRED FUNDING FOR CAPITAL ASSETS

Deferred funding for capital assets represents the unamortized amount of grants and leasehold inducements received for the purchase of capital assets. The annual amortization of deferred funding for capital assets is recorded as revenue in the statement of operations and is equivalent to the amortization of the applicable capital assets. The changes in the deferred funding for capital assets balance are as follows:

	2011 $	2010 $
Balance, beginning of year	**585,313**	860,009
Add contributions transferred from deferred contributions *[note 6]*	**43,191**	2,948
Less amortization of deferred funding for capital assets	**(252,626)**	(277,644)
Balance, end of year	**375,878**	585,313

8. BOARD RESTRICTED NET ASSETS

Board restricted net assets are used to further public education and research in the field of organ and tissue donation, including community based projects.

During the year, the Board of Directors has approved the transfer of $51,144 [2010 - $43,556] of donations received during the year from unrestricted net assets to Board restricted net assets. In addition, the Board of Directors has approved the funding of special projects during the year from the Board restricted net assets of $21,249 [2010 - $67,642] for a net transfer from assets to Board restricted net assets of $29,895 [2010 - net transfer from Board restricted net assets of $24,086].

9. EMPLOYEE BENEFIT PLAN

Substantially all of the employees of the Network are eligible to be members of the Healthcare of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit pension plan.

The Network's contributions to HOOPP during the year amounted to $677,303 [2010 - $617,548] and are included in the statement of operations. The most recent actuarial valuation for financial reporting purposes completed by HOOPP as at December 31, 2010 disclosed an actuarial value of net assets $35,073 million with accrued pension benefits of $34,897 million resulting in a going concern surplus of $176 million.

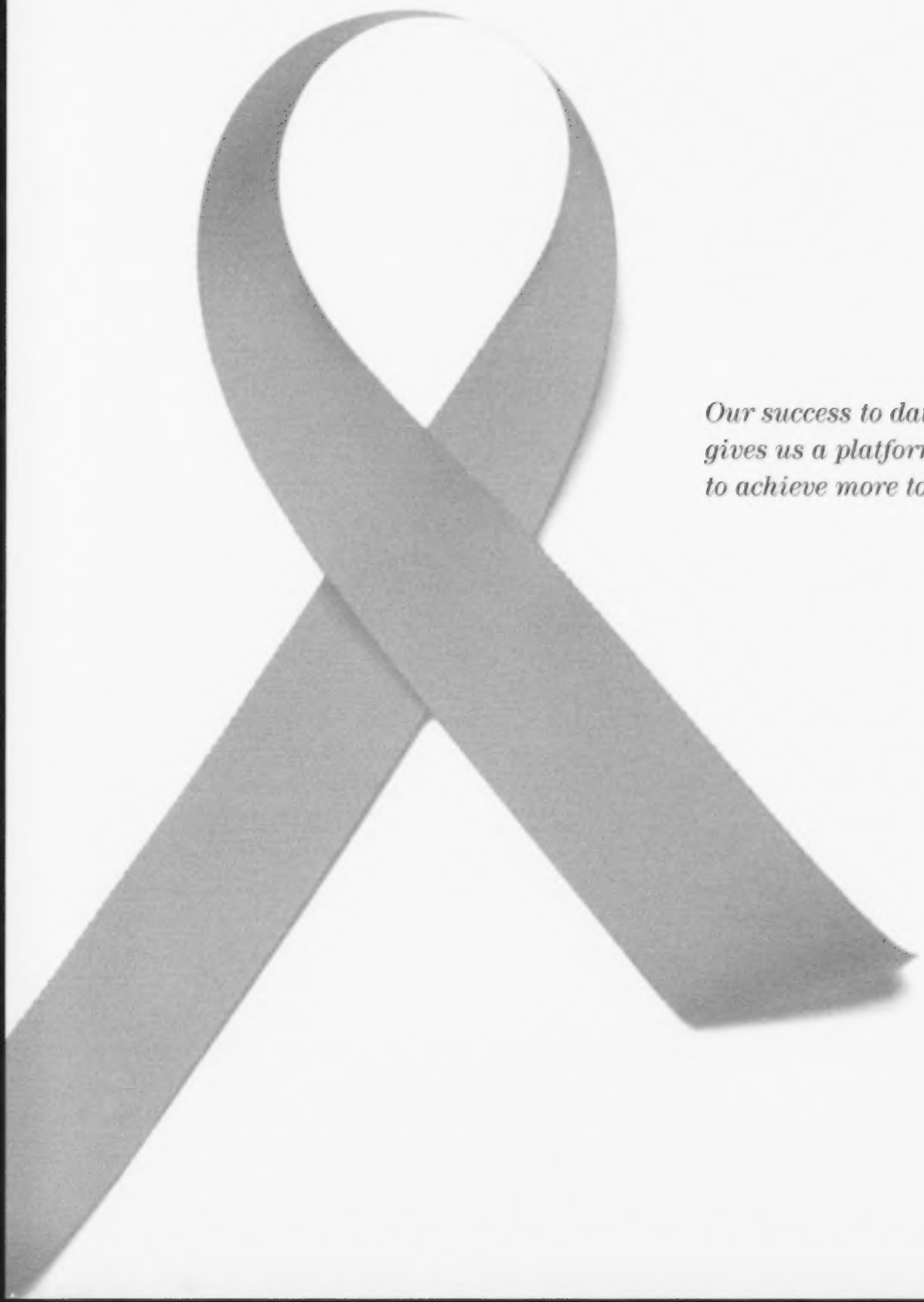
NOTES TO FINANCIAL STATEMENTS

March 31, 2011

10. LEASE COMMITMENTS

Future minimum annual payments over the next five years and thereafter under operating leases for equipment and premises, excluding operating costs, are as follows:

	$
2012	322,949
2013	308,252
2014	303,627
2015	289,024
2016	282,776
2017 and thereafter	40,173



Our success to date
gives us a platform
to achieve more tomorrow.

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